Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)	
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			204-001	
Application Number /0/60 3.31 /			Filed 6/25/03	
For Nescopathy (ream				
Art Unit /6/6			Examiner LAMM	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		<u>Fee</u>	Small Entity Fee	10
One	month (37 CFR 1.17(a)(1))	\$120	\$60	s <u>60</u>
[′] □ Two	months (37 CFR 1.17(a)(2))	\$450	\$225	s
Thre	e months (37 CFR 1.17(a)(3))	\$1020	\$510	s
Four	months (37 CFR 1.17(a)(4))	\$1590	\$795	s
Five	months (37 CFR 1.17(a)(5))	\$2160	\$1080	s
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card, Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number I have enclosed a duplicate copy of this sheet.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registration Number <u>47, 390</u>				
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34				
5/25/07 Date				
TENNIFER MEREDIAL 6 46-546-5253				
Typed of printed fiame Telephone Number				
Z(とうもののできた。 NOTE Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below				
Total of forms are submitted.				
This collection of information is required by 37 CFR 1.136(a) The information is required to obtain or retain a benefit by the public which is to file (and by the				

USPTIO process) an application. Confidentially is governed by 35 US C 122 and 37 CPR 111 and 1.14. This collection is estimated to lake 6 mindes to complete, including galilating, proparing, and submitting the completed application form to the USPTIO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450. DOX NOT SEND FEES OR COMPLETED FORMS TO THIS ACCRESS. SEND TO: Commissions for Patients, P.O. Box 4450, Alexandria, V.A. 22313-1450.